### DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

April 16, 2012

Ms. Claudette Werner-Poorman, Administrator Crescent Manor Care Ctrs 312 Crescent Blvd Bennington, VT 05201-0170

Provider #: 475033

Dear Ms. Werner-Poorman:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **March 23, 2012.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS

mlaMCHaRN

**Licensing Chief** 

PC:ne

**Enclosure** 



APR 11 2012

PRINTED: 03/29/2012 FORM APPROVED OMB NO. 0938-0391

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		475033	B. WIN	1G		C 03/23/2012	
	ROVIDER OR SUPPLIER	rrs		312	ET ADDRESS, CITY, STATE, ZIP CODE CRESCENT BLVD NNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	SHOULD BE COMPLÉTION	
F 154 SS=G	was conducted by the Protection on 03/09 was completed on deficiencies were id 483.10(b)(3), 483.1 HEALTH STATUS, The resident has the language that he other total health state his or her medical of the resident has the advance about care	on-site complaint investigation the Division of Licensing and 0/2012, and the investigation 3/23/12. The following dentified.  I O(d)(2) INFORMED OF, CARE, & TREATMENTS  The right to be fully informed in a she can understand of his or tus, including but not limited to, condition.  The right to be fully informed in the and treatment and of any the or treatment that may affect		154	See attached Plan Correction	of	
	by: Based on medical of Attorney (POA) fully inform 1 reside representative about plan by not informit (PRN) medication escalating behavious sent to the hospital back at the facility.  Per medical record PM, the facility adrithe record and on 01/05/2012 or 01/0 give Resident # 1 to Geodon, for escalations of the resource of the record and on 01/05/2012 or 01/0 give Resident # 1 to Geodon, for escalations of the resource of the record and on 01/05/2012 or 01/0 give Resident # 1 to Geodon, for escalations of the record and on 01/05/2012 or 01/0 give Resident # 1 to Geodon, for escalations of the record and on 01/05/2012 or 01/0 give Resident # 1 to Geodon, for escalations of the record and	ut changes in the treatment ng them that an as needed would be withheld for rs, that the resident would be and would not be accepted. The findings are as follows:  If review on 03/08/2012 at 1:10 ministration placed a notice in the nurses' unit on or about 06/2012 instructing staff to not the ordered PRN medication, ating behaviors, which is					
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		O TITLE	1 1	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: JN5K11

Facility ID: 475033

If continuation sheet Page 1 of 11



	AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		PLE CONSTRUCTION  G	COMPLETED	
		475033	B. WING			03/23/2012	
	ROVIDER OR SUPPLIER	rrs		3	REET ADDRESS, CITY, STATE, ZIP CODE 12 CRESCENT BLVD BENNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
F 154	plan dated 12/06/20 instructed the staff the ambulance, fact and the POA, to see and not accept him hospital admission not signed or dated support that the ph formulating this characteristic confirmed by a confirmed by a confirmed the confirmed that the confirmed that the ph formulating this characteristic confirmed by a confirmed that the phane interest of Attorney (POA) of some confirms that a plan until after it was attended a care plane.	ers and directions in the care 011. The notice further to call the police department, illity personnel, the physician and the resident to the hospital where back into the facility if did not occur. The notice is and there is no evidence to ysician was included in ange in the treatment plan. By facility staff during interview ween 10 and 11 AM.  Eview with Resident #1's Power on 03/12/2012 at 10:30 AM, as/he was not notified of this as implemented. S/he an meeting on 12/06/2011 and	F	1154			
F 224 SS=G	was no mention of appropriately place the facility intent to the facility. Further any changes were supported in the micare plan meeting 483.13(c) PROHIB MISTREATMENT/ N  The facility must depolicies and proceed mistreatment, negliand misappropriation.	NEGLECT/MISAPPROPRIAT	F	224			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
	475033		B. Wit			03/23/2012	
	NAME OF PROVIDER OR SUPPLIER  CRESCENT MANOR CARE CTRS			3	REET ADDRESS, CITY, STATE, ZIP CODE 12 CRESCENT BLVD RENNINGTON, VT 05201	1 00/2	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO THE DEFICIENCY)		OULD BE	(X5) COMPLETION DATE
F 224	by: Based on observar medical record revigoods and services harm, mental anguresident (Resident ordered (PRN) as rescalating and agg by physician orders findings are as follows: Per medical record pm, the facility admitted record and on to 01/05/2012 or 01/0 give Resident #1 the Geodon, for escalar contrary to MD order plan dated 12/06/2 instructed the staff the ambulance, fact and the POA (Powresident to the hospotack into the facility occur. See below for notice is not signed evidence to support included in formula treatment plan. The during interview on 11 AM.  Per review of nurse the Medication Admits and given a Procession of the position of the Geodon at 1500 how was not given a Procession of the position of the positi	tion, staff interviews and ew, the facility failed to provide a necessary to avoid physical ish and/or mental illness for 1 #1) by not administering an needed medication for ressive behaviors as directed and the care plan. The	F	224			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING  B. WING		<u> </u>	С	
NAME OF D	DOMBER OF CHERNIER	475033				03/23	3/2012
	ROVIDER OR SUPPLIER NT MANOR CARE CI	rs		31	EET ADDRESS, CITY, STATE, ZIP CODE 12 CRESCENT BLVD ENNINGTON, VT 05201		•
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		TEMENT OF DEFICIENCIES	l		PROVIDER'S PLAN OF CORREC	TION	(X5)
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F 224	01/06/2012 for beh. An entry in the nurs 1300 hours states 'no swearing or neg doors." Per entries resident's behavior resident attacked a the nursecall place situation, received no evidence in the that Resident was the PRN Geodon I/Per telephone inter on 03/12/2012 at 1 s/he was not notific implemented. S/he on 12/06/2011 and the time that there not being appropriating that it was the facility indications that any care plan. This is seen of the state o	aviors described as escalating. ses' notes dated 01/06/2012 at tresident in the hall with radio, ative behaviors, no slamming from 1415 to 1635 the shad escalated to where "the nurse attempted to choke sed to MD-made aware of order to sent to ER." There is medical record that indicates given or attempted to be given M that was ordered.  View with Resident #1's POA 0:30 AM, s/he confirms that ed of this plan until after it was a attended a care plan meeting recalls from notes made at was no mention of Resident #1 ately placed at this facility, nor ity intent to discharge Resident Further, there were no or changes were made in the supported in the medical the care plan meeting in Dec	F2	224			
	Notice contents: "[I behavior escalates WOULD NEED TO Provide 1:1, clear I Activity Room Doosafety until Emerge IMMEDIATELY cal Squad; [staff name	Resident #1's name]. When to a level that PRN Geodon DBE GIVEN, DO NOT give. It is allways of residents, close or and ensure staff & resident ency Personnel arrive.  It Police; Bennington Rescue of MD; POA. Ship to SVMC DEPT RETURN TO					
F 280	FACILITY!!!" 483.20(d)(3), 483.	10(k)(2) RIGHT TO	F	280			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
	•	475033	B. WING			C 03/23/2012	
	NAME OF PROVIDER OR SUPPLIER  CRESCENT MANOR CARE CTRS				REET ADDRESS, CITY, STATE, ZIP CODE 812 CRESCENT BLVD BENNINGTON, VT 05201		
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F 280 SS=D	The resident has the incompetent or othe incapacitated under participate in plann changes in care and A comprehensive of within 7 days after comprehensive as interdisciplinary tear physician, a register for the resident, and disciplines as deter and, to the extent put the resident, the resident in the	ANNING CARE-REVISE CP ne right, unless adjudged erwise found to be er the laws of the State, to ing care and treatment or	F	280			
	by: Based on medical interview, the facili responsible party f participate in chan which included with medication for escresponding to re-d  Per medical record pm, a care planning on 12/06/2011 with	In record review, staff and POA ty failed to allow the for 1 resident (Resident #1) to ges in care and treatment sholding an as needed (PRN) alating behaviors not irection. The findings include: direview on 03/08/2012 at 1:10 to ge conference was conducted in the Power of Attorney (POA) ting in attendance. There is no					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED					
	475033		B. WINC	3	1	03/23/2012			
	ROVIDER OR SUPPLIER	rrs	STREET ADDRESS, CITY, STATE, ZIP CODE 312 CRESCENT BLVD BENNINGTON, VT 05201						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE			
F 280	changes in the current that the plan of carrels also no evidence to not meet the needs care plan meeting. telephone interview at 10:30 am.	rege 5 cord that there were any rent status of Resident #1 or e would be changed. There is a support that the facility could sof Resident #1 during this. This is confirmed during a with the POA on 03/12/2012	F 28	80					
F 281 SS=G	that the as necessal anti psychotic med ordered for the escential the police, and and the resident was During interview or POA indicated that that the facility had medication prior to hospital and to the hospitalization was that s/he was inforcemergency room a made.  483.20(k)(3)(i) SEF PROFESSIONAL SERVICE AND PROFESSI	ary (PRN) dose of Geodon (an ication) was not given as ralating behaviors but rather oulance and DNS were notified as transferred to the hospital. In 03/12/2012 at 10:30 am the s/he was not aware of a plan to withhold the PRN transferring this resident to the n not accept him/ her back if not required. S/he reported med after the transfer to the total the local hospital had been RVICES PROVIDED MEET STANDARDS	F 2	81					
	must meet profess  This REQUIREME by: Based on medical interviews the facil standards of care forders for 1 reside	ded or arranged by the facility ional standards of quality.  NT is not met as evidenced record review and staff ity failed to meet professional by not following physician ont (Resident #1) to administer PRN) medication for escalating				•			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		475033	B. WII	1G		C 03/23/2012	
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F 281	findings include:  Per medical record pm, the facility adnothe record and on 01/05/2012 or 01/0 give Resident #1 th Geodon (an anti-psescalating behavior orders and direction 12/06/2011. The restaff to call the poliambulance, facility the POA (Power of to the hospital and the facility if hospit The notice is not sevidence to suppoincluded in formula treatment plan. The during interview or 11 AM.  Per review of nursithe Medication Addresident did not react Geodon at 1500 howas not give a PR 01/06/2012 for behan entry in the nur 1300 hours states no swearing or negdoors." Per entries	d review on 03/08/2012 at 1:10 ministration placed a notice in the nurses' unit on or about 06/2012 instructing staff to not the ordered PRN medication, sychotic medication), for the ordered PRN medication, for the ordered place place and the ordered place p	F	281			
	nurseattempted	to choke the nursecall placed e of situation, received order to					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION  G	COMPLETED	
	475033		B. WIN	1G _		C 03/23/2012	
	ROVIDER OR SUPPLIER	rrs		3	REET ADDRESS, CITY, STATE, ZIP CODE 12 CRESCENT BLVD BENNINGTON, VT 05201		
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F 281 F 490 SS=G	record that indicate or attempted to be that was ordered, in that the order was order to send Residuas received.  Per telephone inter on 03/12/2012 at 1 s/he was not notific implemented. S/he on 12/06/2011 and the time that there not being appropriate that it was the facility indications that any care plan. This is serecord notes from 12011.  483.75 EFFECTIVE	e is no evidence in the medical is that the Resident was given given the PRN Geodon I/M for was there documentation rescinded by the MD when the dent #1 to the emergency room view with Resident #1's POA 0:30 AM, s/he confirms that ed of this plan until after it was a attended a care plan meeting recalls from notes made at was no mention of Resident #1 ately placed at this facility, nor sty intent to discharge Resident in the recare plan meeting in the supported in the medical the care plan meeting in Dec		281			
50-0	A facility must be a enables it to use its efficiently to attain practicable physica well-being of each  This REQUIREME by: Based on observa facility failed to ass Resident (Residen that maintained the	dministered in a manner that s resources effectively and or maintain the highest II, mental, and psychosocial					

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	475033		B. WING		C 03/23/2012	
NAME OF PROVIDER OR SUPPLIER  CRESCENT MANOR CARE CTRS			31	12 CRESCENT BLVD		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREF	PREFIX (EACH CORRECTIVE ACTION SHO		OULD BE	(X5) COMPLETION DATE
planning to not follow most current care properties of Per medical record PM, the facility admitted record and on to 01/05/2012 or 01/0 give Resident #1 the medication, Geodowhich is contrary to the care plan dated further instructed the department, the and the physician and the send the resident the him/her back into the did not occur. See notice. The notice there is no evident was included in for treatment plan. The during interview on 11 AM.  Per interview with the 03/08/2012 and 03 30-day notice was his/her legal represas well as I do [s/h have to think of the Per electronic mail administrator dated clarified that s/he vat the time of the discontinuation.	ow the physician orders or olan. The findings include:  I review on 03/08/2012 at 1:10 inhistration placed a notice in the nurses' unit on or about 6/2012 instructing staff to not be ordered PRN (as needed) in, for escalating behaviors, of MD orders and directions in 12/06/2011. The notice in staff to call the police inbulance, facility personnel, the POA (Power of Attorney), to the hospital and not accept the facility if hospital admission is below for exact wording of its not signed or dated and its to support that the physician imulating this change in the insist is confirmed by facility staff in 03/09/2012 between 10 and it is confirmed by facility staff in 03/09/2012 s/he reported that a not given to this resident or sentative because "you know be would still be here. And I is safety of the other residents." I received from the facility do 03/22/2012 at 10:54 am, s/he was the administrator of record discharge.  Resident #1's name]. When	F	490			
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	ROVIDER OR SUPPLIER  NT MANOR CARE CT  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa planning to not follo most current care p  Per medical record PM, the facility adn the record and on t 01/05/2012 or 01/0 give Resident #1 th medication, Geodo which is contrary to the care plan dated further instructed th department, the an the physician and t send the resident t him/her back into t did not occur. See notice. The notice there is no evidence was included in for treatment plan. Th during interview on 11 AM.  Per interview with 1 03/08/2012 and 03 30-day notice was his/her legal repres as well as I do [s/h have to think of the Per electronic mail administrator date clarified that s/he v at the time of the d  Notice contents: "[ behavior escalates	ROVIDER OR SUPPLIER  NT MANOR CARE CTRS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8 planning to not follow the physician orders or most current care plan. The findings include:  Per medical record review on 03/08/2012 at 1:10 PM, the facility administration placed a notice in the record and on the nurses' unit on or about 01/05/2012 or 01/06/2012 instructing staff to not give Resident #1 the ordered PRN (as needed) medication, Geodon, for escalating behaviors, which is contrary to MD orders and directions in the care plan dated 12/06/2011. The notice further instructed the staff to call the police department, the ambulance, facility personnel, the physician and the POA (Power of Attorney), to send the resident to the hospital and not accept him/her back into the facility if hospital admission did not occur. See below for exact wording of notice. The notice is not signed or dated and there is no evidence to support that the physician was included in formulating this change in the treatment plan. This is confirmed by facility staff during interview on 03/09/2012 between 10 and	ROVIDER OR SUPPLIER  NT MANOR CARE CTRS  Summary STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8 planning to not follow the physician orders or most current care plan. 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This is confirmed by facility staff during interview on 03/09/2012 s/he reported that a 30-day notice was not given to this resident or his/her legal representative because "you know as well as I do [s/he] would still be here. And I have to think of the safety of the other residents." Per electronic mail received from the facility administrator dated 03/22/2012 at 10:54 am, s/he clarified that s/he was the administrator of record at the time of the discharge.  Notice contents: "[Resident #1's name], When behavior escalates to a level that PRN Geodon	ROVIDER OR SUPPLIER  NT MANOR CARE CTRS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8 planning to not follow the physician orders or most current care plan. 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PRINTED: 03/29/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		475033	B. WING	·	03/23/2012	
	ROVIDER OR SUPPLIER		312	ET ADDRESS, CITY, STATE, ZIP CO CRESCENT BLVD NNINGTON, VT 05201	DDE	
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F 490	Activity Room Dod safety until Emerg IMMEDIATELY ca Squad; [staff nam ER - DO NOT AC FACILITY!!!"	hallways of residents, close or and ensure staff & resident lency Personnel arrive. all: Police; Bennington Rescue e]; MD; POA. Ship to SVMC CEPT RETURN TO	F 490			
F9999	Based on medica (Power of Attorne comply with Verm regards to the "Er of Residents" for regulation states transfer may be need to be days' notice under the health or safe the licensee shall licensing agency resident immediate licensing agency immediate threat police, mental he emergency medical render the professor transfer must of cases, the licensist the next business.  Per medical reco 03/08/2012 at 1:3 during interview or resident was transfer must or cased the control of the c	al record review, staff and POA y) interviews, the facility failed to cont Statutes 3.14 (I) (3) with mergency Transfer or Discharge 1 resident (Resident # 1). The that "an emergency discharge or hade with less than thirty (30) r the following circumstances: presents an immediate threat to ty of self or others. In that case, request permission from the to discharge or transfer the tely. Permission from the is not necessary when the requires intervention of the alth crisis personnel, or cal services personnel who sional judgement that discharge occur immediately. In such ng agency shall be notified on	F9999			

Event ID: JN5K11

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP  A. BUILDING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	475033		B. WING		C 03/23/2012			
	ROVIDER OR SUPPLIER	TRS	STREET ADDRESS, CITY, STATE, ZIP CODE 312 CRESCENT BLVD BENNINGTON, VT 05201					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
F9999	the facility. The St notified of this transbusiness day, and facility at any time. Administrator durin 03/09/2012 at 3:15  Further review of that the as necessanti psychotic med ordered for the esc the police, ambulatine resident was to During interview or POA indicated that that the facility had medication prior to	was refused readmission to ate Licensing Agency was not sfer of 01/06/2012 on the next further, was not notified by the This is confirmed by the g the exit conference on PM.  The medical record indicates ary (PRN) dose of Geodon (an ication) was not given as calating behaviors but rather, nice and DNS were notified and ansferred to the hospital. In 03/12/2012 at 10:30 AM, the is she was not aware of a plan to withhold the PRN transferring this resident to the ninot accept him/her back if	F9999					

'APR 1 1 12 Licensing and

Protection

Crescent Manor Care Centers
Plan of Correction

This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Crescent Manor Care Center does not admit that the deficiencies CMS-2567 exist, nor does the facility admit to any statement findings, facts or conclusions that form the basis of the alleged deficiency. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusion that form the basis for the deficiency.

#### F154

Resident #1 is no longer in the facility. This developmentally disabled person with dementia who triggered for agitation and has significant care needs remains in the local hospital. No known skilled nursing facilities have accepted Resident #1. To the best of our knowledge there is a plan for resident #1 to go Franklin County at the end of April (my understanding this is a private home with 24 hour supervision and support services).

All residents have the potential to be affected.

Due to the potential that any resident may have a PRN medication, random audits will be completed for the next three months to monitor the circumstances surrounding the use of PRN medication and whether they are in accordance with the plan of care.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan by the SDC and nurse managers.

Random audits will be completed by Nurse Managers for the next three months to assure compliance. Outcomes will be reported to CQI Committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. The Administrator may, if compliance is not achieved to her satisfaction, extend these audits.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA on any changes in Care plan. Documentation of participation of education will be completed by each staff member. Random chart audits will be conducted for the next three months and outcomes reported to the CQI Committee. Again, if compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Date of Correction 4/17/12 and ongoing.

F154 PDC accepted 4/13/12 G.Colemanen/Procoturn

# Crescent Manor Care Center Plan of Correction Page II

#### F224

The facility notes that, within days before the notice was placed, Resident 1 was given a PRN injection of Geodon which required that four staff members restrain the Resident so that the injection could be delivered. The facility believes that this event caused mental anguish to Resident 1. For these reasons, the facility disputes that not giving the Geodon PRN was an act that caused physical harm, mental anguish and/or mental illness to Resident #1. The nurse documented that Resident #1 refused scheduled po Geodon at 15:00 on 1/6/2012.

All residents have the potential to be affected.

Due to the potential that any resident may have a PRN medication, random audits will be completed for the next three months. Staff will be re-educated on Physician Orders and the Care plan for administration of PRN medications and the parameters to give including interventions.

Random audits will be completed by Nurse Mangers for the next three months to assure compliance, outcomes will be reported to CQI committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. The Administrator may, if compliance is not achieved to her satisfaction, extend these audits.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan. Random audits will be completed by Nurse Managers for the next three months to assure compliance. Outcomes will be reported to CQI Committee monthly for the next three months. Administrator will review all on-going audits for the next three months. The Administrator may, if compliance is not achieved to her satisfaction, extend these audits.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA:on any changes in Care plan. Documentation of participation of education will be completed by each staff member.

Completed by: 4/17/12 and ongoing.

PARTIES BARRIES

F224 POC accepted 4/13/12 G. Colemanen PMCotoRN

# Crescent Manor Care Center Plan of Correction Page III

#### F280

Resident #1 is no longer in the facility. All residents have the potential to be affected.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan. Random audits will be completed by Nurse Managers for the next three months to assure compliance in educating residents and/or POA's of changes in care plans. Outcomes will be reported to CQI Committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. The Administrator may, if compliance is not achieved to her satisfaction, extend these audits.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA on any changes in Care plan. Documentation of participation of education will be completed by each staff member.

resident 41 to 10 order

Date of Correction 4/17/12 and ongoing.

F280 POC accepted 4/13/12 6 COLEMANEN DMCGARN

#### F281

All residents have the potential to be affected.

Due to the potential that any resident may have a PRN medication, random audits will be completed for the next three months to ensure those PRN medications are provided in accordance with physician orders. Staff will be re-educated on Physician Orders and the Care plan for administration of PRN medications and the parameters to give including interventions. Random chart audits will be conducted for the next three months and outcomes reported to the CQI Committee. Again, if compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Random audits will be completed by Nurse Mangers to assure compliance in following physician orders for the next three months. Outcomes will be reported to CQI committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. If Compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan. Random audits will be completed by Nurse Managers to assure compliance for the next three months. Outcomes will be reported to CQI Committee monthly for the next three months. Administrator will review all on-going audits for the next three months. If Compliance is not achieved to the Administrator's satisfaction, audits may be continued.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA on any changes in Care plan. Documentation of participation of education will be completed by each staff member.

Completed by: 04/17/12 and ongoing.

FABI POC accepted 4/13/12 G ColemanEN/ PMCotaRN

# Crescent Manor Care Center Plan of Correction Page IV

#### F490

All residents have the potential to be affected.

Due to the potential that any resident may have a PRN medication, random audits will be completed for the next three months to ensure those PRN medications are provided in accordance with physician orders. Staff will be re-educated on Physician Orders and the Care plan for administration of PRN medications and the parameters to give including interventions. Random chart audits will be conducted for the next three months and outcomes reported to the CQI Committee. Again, if compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Random audits will be completed by Nurse Manager to assure compliance in following physician orders and maintaining the highest practicable wellbeing for residents for the next three months. Outcomes will be reported to CQI committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. If compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan. Random audits will be completed by Nurse Managers to assure compliance for the next three months. Outcomes will be reported to CQI Committee monthly for the next three months. Administrator will review all on-going audits for the next three months. If Compliance is not achieved to the Administrator's satisfaction, audits may be continued.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA:on any changes in Care plan. Documentation of participation of education will be completed by each staff member.

Completed by:

4/17/12 and ongoing.

angetta non

F490 POC accepted 4/13/12 G. Colemaner / Procedural

F9999

Emergency discharges will be reported to appropriate authority as stated in the State Regulations. The Administrator is responsible for reporting.

4/17/12

F9999 POC accepted 4/13/12 6. Coleman RN/ PMCotaPN

Respectfully submitted: Claudette Werner-Poorman, Administrator\_

Janver were